Evolving concepts of disaster management place significant emphasis on the concept of resilience. In physics, resilience is the ability of an entity to resume its original form after it has been deformed or stressed. As applied to emergency preparedness and response, it means that a community should be able to handle a disaster and return to normal. The concept of resilience suggests that day-to-day, pre-event community practices, as well as what happens during the emergency response, have profound implications for quality of recovery, and hence, resilience. Resilience and recovery planning have traditionally focused primarily on rebuilding the physical infrastructure and ensuring the restoration of commerce. Making sure that individuals and families have a place to call home, and that medical care, grocery stores, schools and child care, and businesses bounce back quickly are of vital importance to the success of recovery from a disaster. Successful recovery is also dependent on how well-prepared a community is to cope with the disaster, (what it has planned for) and how well organized the acute response is. Both rest on a strong commitment to planning and on relationships between local, state and federal governments and agencies.

However, even when planning and response are well-executed on local, state and federal levels, and the physical infrastructure of a community is restored, we cannot assume that recovery will be complete. Equally important to successful recovery are the potentially devastating psycho-social effects disasters have on individuals and communities. In other words, restoring infrastructure is likely necessary, but not sufficient, for meeting the goal of resilience. Equal, if not greater attention and resources must be placed on ensuring that the health – including the emotional and behavioral health - of the people who live and work in these communities also return to a state that is at least as well off as it was before the disaster. The focus on emotional and behavioral health during recent disasters has helped to illustrate their importance as elements critical to successful recovery.

Since Hurricane Katrina swept through New Orleans in August 2005, much of the physical infrastructure has been rebuilt and residents have re-established themselves in communities. Yet, the emotional and social toll of the storm continues to deeply affect the everyday lives of the people who live there. One year after Katrina, 11.3% of the population reported suffering from serious mental illness; two years out the percentage suffering from PTSD had reached almost 21%. (http://www.adph.org/ALPHTN/assets/560handouts.pdf) Today, six years after the storm, children exposed to Katrina are still nearly five times as likely as other children to suffer from a serious emotional disturbance (SED).1

Residents are not the only population whose emotional well-being is dramatically affected by disasters; first responders are often the most affected. After the 2001 September 11th attacks on the World Trade Centers, 12.4% of rescue workers (or 1 out of 8) developed PTSD (http://www.adph.org/ALPHTN/assets/560handouts.pdf) Recognition of the mental health needs of emergency responders is critical to maintaining healthy, resilient communities.

Whether the term community is used to mean neighborhood, town or city, or to describe a group of people sharing a common interest or goal such